VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 29, 2019

Ms. Rebecca Stearns Hassan, Manager
Vergennes Residential Care Home
34 North Street
Vergennes, VT 05491-1108

Dear Ms. Stearns Hassan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 28, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0311	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERGENNES RESIDENTIAL CARE HOME	34 NORTH STREET VERGENNES, VT 05491

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R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey on 2/28/19. The following regulatory deficiencies were identified as a result:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 5 sampled resident's medication was consistent with the physician's orders (Resident # 1). Findings include: Per observation of a medication pass on 2/28/19 at 9:45 AM, Resident #1's medications were administered 45 minutes beyond the acceptable time frame. There were 4 medications ordered by the physician to be given at 8:00 AM. The medications were observed being administered by a Medication Technician at 9:45 AM. This was confirmed by the facility Administrator at 10:12 AM on 2/28/19.	R128	The facility has implemented the use of an electronic health records system, PointClickCare (PCC). All medication orders are now entered in PCC, and the systems uses a color-coding system to notify staff of meds that are due within the hour (yellow), meds that have been administered (green) and meds that are overdue (red). As part of the process of entering all medication orders into PCC, the RN communicated with physicians and updated time of administration for residents who chose to sleep in. In addition, the RN has provided additional training for all staff who administer medications. This was completed effective March 11, 2019. The RN and Administrator monitor the dashboard of PCC daily, so they are aware if any medications are not being administered at the correct times.	
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any	R162		

R128 - R266 POCs accepted 3/28/19 RTrembley RN / PM

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R162	Continued From page 1 medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on medical record review the facility failed to assure that there are complete physician's orders for residents whose medications are administered by delegated unlicensed staff for Resident #4. Findings include: Per record review Resident #4 has a Physician's order that states, "Baclofen 10 mg tabs 10 mg Baclofen may take up to 3 x (times) daily PRN" there is no route of administration and no indication (reason) for administering the medication or interval for how long between doses. In addition the medications Betaine Hydrochloride 600 mg, Essential Enzyme Digestive 500 mg, and Melatonin 1 mg have no route of administration listed. The above was confirmed by the facility Administrator at 10:35 AM on 2/28/19	R162	The facility RN has reviewed all resident medications and treatment orders, and as a part of entering them into PCC, has verified that there is a diagnosis, indication for use, intervals between doses for all PRN medications. This was completed effective March 11, 2019. All new orders are entered into PCC for the staff to use the electronic medication administration record (eMAR), and the PCC system does not allow an order to be confirmed without the correct route, dose, diagnosis, indication for use, and time of administration.	
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques	R165		

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R165	Continued From page 2 for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that designated staff had been provided appropriate information regarding 1 of 5 sampled residents' medical condition (Resident # 1). Findings include: Per review of Resident # 1's medical record, there is a standing order for Morphine to be administered for dyspnea and pain. Resident # 1 has a documented allergy to Morphine that causes anaphylaxis. These standing orders were signed by the physician on 1/7/19. There is no indication in the record that staff had acknowledged this discrepancy. The resident had not been administered Morphine. This was confirmed by the Administrator at 11:13 AM on 2/28/19.	R165	This order for Morphine was part of the Hospice standing orders that the Home Health Agency has signed for each patient they admit. The facility staff were aware of the allergy, and the medication was not on the MAR, and was not in the facility. The Hospice nurse provided an updated set of standing orders for this resident the day of the survey, in addition to a dc order from the physician. This was completed February 28, 2019. The use of PCC will assist with monitoring for any allergies and potential contra-indicated medications for each resident. The system requires allergies to be entered for each resident before orders can be confirmed, and if a medication is entered that is listed as an allergy, the nurse will not be allowed to confirm the order entry, therefore not allowing the medication to show up on the eMAR. The RN will continue to use the PCC system for all order entry and medication administration records.	
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R167		

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R167	Continued From page 3 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that there was a written plan for the use of the PRN (as needed) medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects for 1 of 5 sampled residents (Resident # 1). Findings include: Per record review, Resident # 1 had a physician's order for Clonazepam (a sedative) 0.5 milligrams by mouth at night as needed. Review of the Medication Administration Record indicates that the resident has received the medication regularly. The facility Administrator confirmed at 11:13 AM on 2/28/19 that there was no written plan of care for the administration of this medication by unlicensed staff.	R167	The facility implemented the use of a Plan for the use of a PRN Psychoactive Medication for each resident, for each medication. This plan provides the residents' information, medication name and dosage, diagnosis and reason for the prescription. In addition, the Plan lists the specific behaviors that the medication will be used to address, the non-pharmacologic interventions that should be attempted prior to administration, and the side effects to monitor for if the medication is used. All resident records were reviewed and the Plan was created for all residents who have PRN Psychoactive orders. This was completed on February 28th, 2019. The RN has provided additional training for all medication administration staff, and will utilize a plan for each new order as needed.	

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R179	Continued From page 4	R179		
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES	R179		

5.11 Staff Services

5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:

(1) Resident rights;
(2) Fire safety and emergency evacuation;
(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
(5) Respectful and effective interaction with residents;
(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
(7) General supervision and care of residents.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure that 2 of 5 sampled staff had received the required annual training (Staff # 1, 2). Findings include:

Per review of the facility staff training records,

The Administrator has created a training log system that includes each employee, and a schedule for the year of all in-services, including the required annual training per licensing. Each month, the training will be offered twice, on different shifts, and if an employee can not attend either training, they will be allowed to complete a self-study with a competency test. The new training system was completed March 15th, and 2 required in-services have already been conducted. Going forward, the Administrator will monitor the cover sheet of the training log system, to review all staff and their participation in the required trainings.

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R179	Continued From page 5 staff # 1 did not receive training in emergency response/first aid, abuse or effective communication. Staff #2 did not receive trainings in abuse or effective communication. This was confirmed by the Administrator at 10:40 AM on 2/28/19.	R179		
R193 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.13 First Aid Equipment and Supplies Equipment and such supplies as are necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries shall be readily available and in good repair. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that there is First Aid equipment and supplies necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries, readily available and in good repair. Findings include: Per observation on 2/28/19 at 12:49 PM, the facility Medication Technician (MT) was unable to locate the first aid kit. The kit was found by the Surveyor approximately 7 feet high on top of a cabinet in the medication room. Upon further inspection, the kit contained saline and burn gel that had expired in 2009. The kit contained very little first aid supplies. This was confirmed by the MT at 12:49 PM on 2/18/19.	R193	The Administrator purchased a new First Aid kit on March 1, 2019 and it is stored in a prominent location in the nurse's station. The RN will monitor the First Aid kit monthly, and keep it restocked with fresh supplies.	
R266 SS=E	IX. PHYSICAL PLANT	R266		

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R266	Continued From page 6 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to assure a safe, sanitary, and homelike environment regarding the kitchen. Findings include: During a tour of the facility kitchen it is observed that a vent in the ceiling over the sink where pots and pans are washed and where clean dishes are handled is heavily soiled with dust. There is also dust on handles of vent doors on the wall by the cooking range and on the gas connections to the range. The cook in the kitchen at the time confirmed that these surfaces were dusty. Additionally the facility has a milk cooler and there is no documented evidence that the temperatures are regularly checked to assure safe holding and serving temperatures.	R266	The ceiling vent over the sink was taken down and cleaned, and the wall and handles of the gas connections behind the stove were cleaned on March 1, 2019. In addition, the milk cooler was added to the daily refrigeration temperature log. A cleaning schedule has been implemented for the kitchen staff, listing all equipment and surfaces that need to be cleaned, daily, weekly, monthly, including a sign-off. The Administrator will monitor both the cleanliness of the kitchen and the cleaning checklist.	